

(COPY)

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel 23,C,1,U
 Name (Print) Housing Location
8-17-62 201360
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? on about 9-7-04 I was put in Max at which time 9-7-04 I requested Dental Care. on 11-2-04 I was handcuffed behinded my back during Dental Treatment with TK KionKe the handcuffs and being handcuffed behind my back gave me injuries and pain to my hand, rist, and Shoulder I need to see Doctor it get worst.

Harry L. Samuel
 Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____	Pulse: _____	Resp: _____	B/P: _____	WT: _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED OCT 2005 U.S. DISTRICT COURT DISTRICT OF DELAWARE </div>

A:

--	--	--	--	--

P:

--	--	--	--	--

E:

--	--	--	--	--

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED
263

Exhibit - 26